

# TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Application Number	10/593,381	
Confirmation Number	8865	
Filing Date	with an effective filing date of March 22, 2005	
First Named Inventor	Peter ZIEMER	
Group Art Unit	3655	
Examiner Name	Tisha D. LEWIS	Fax: (571) 273-8300
Total No. of Pages in this Submission: 14	Attorney Docket Number	ZAHFRI P888US

## ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form ..... [1] (in Duplicate) <input checked="" type="checkbox"/> Fee attached - Check \$220.00 <input checked="" type="checkbox"/> Amendment/Response ..... [11] <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request ..... [ ] (in Duplicate) <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Stmt ..... [ ] <input type="checkbox"/> Certified Copy of Priority ..... [ ] Document(s) <input type="checkbox"/> Response to Missing Part/s Incomplete Application ..... [ ] <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment papers ..... [ ] (for an Application) <input type="checkbox"/> Drawing(s) --Annotated Sheet(s) .. [ ] Replacement Sheet(s) .. [ ] <input type="checkbox"/> Licensing-related Papers ..... [ ] <input type="checkbox"/> Petition Routing Slip (PTO/SB/69) and Accompanying Petition (DELETED - no longer useful) <input type="checkbox"/> To Convert a Provisional Petition .. [ ] <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address [ ] <input type="checkbox"/> Terminal Disclaimer ..... [ ] <input type="checkbox"/> Small Entity Statement ..... [ ] <input type="checkbox"/> Request for Refund ..... [ ]	<input type="checkbox"/> After Allowance Communication to Group ..... [ ] <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences .. [ ] <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) [ ] <input type="checkbox"/> Proprietary Information ..... [ ] <input type="checkbox"/> Status Letter ..... [ ] <input checked="" type="checkbox"/> Additional Enclosure(s) (please identify below): Postcard
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REMARKS

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

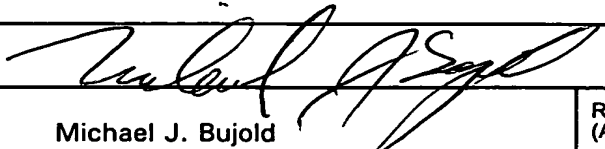
Firm or Individual Name	Michael J. Bujold DAVIS & BUJOLD, P.L.L.C.	Reg. No. 32,018 CUSTOMER NO. 020210
Signature		
Date	July 27, 2009	

## CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on July 27, 2009.

Signature		Date: July 27, 2009 (tac)
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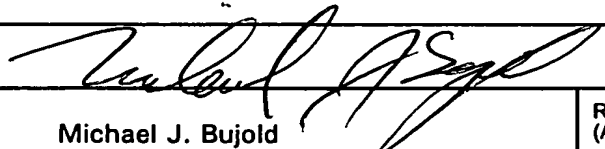
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

<p><b>Effective on 12/08/2004.</b> Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</p> <p><b>FEE TRANSMITTAL</b> <b>For FY 2008</b></p> <p>Applicant claims small entity status. See 37 CFR 1.27</p>		<p><b>Complete if Known</b></p>																																				
<p><b>TOTAL AMOUNT OF PAYMENT: \$220.00</b></p>		<p>Application No. Filing Date</p> <p>First Named Inventor Examiner Name Art Unit</p>	<p>10/593,381 with an effective filing date of March 22, 2005 Peter ZIEMER Tisha D. LEWIS 3655</p>																																			
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<p><b>METHOD OF PAYMENT (check all that apply)</b></p>																																						
<p>* Check * Credit Card * Money Order * None * Other (please identify): _____</p> <p>* Deposit Account      Deposit Account Number <u>04-0213</u>      Deposit Account Name: <u>DAVIS &amp; BUJOLD, P.L.L.C.</u></p> <p>For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)</p> <p style="padding-left: 40px;">* Charge fee(s) indicated below      * Charge fee(s) indicated below, except for the filing fee</p> <p style="padding-left: 40px;">* Charge any additional fee(s) or underpayments of fee(s) * Credit any overpayments under 37 CFR 1.16 and 1.17</p>																																						
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<p><b>SUBMITTED BY</b></p>																																						
<p>Signature</p>		<p>Telephone (603) 226-7490</p>																																				
<p>Name (Print/Type)</p>	<p>Michael J. Bujold</p>	<p>Registration No. (Atty/Agent) 32,018</p>	<p>Date: July 27, 2009</p>																																			

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